

41380

 Employee/Retiree Name

 Date of Birth
(dd/mm/yyyy)

 Client Number

I appoint the following person(s) as revocable beneficiary(ies) for any life benefits.

PLEASE PRINT CLEARLY
Employee Group Life Insurance
 Basic Group Life Insurance
 Optional Life Insurance
(Optional Life is only available for active employees who elected Basic Life Option 1)

Primary Beneficiary Designation - I declare that the following beneficiary (ies) is (are) to receive the proceeds of this life Insurance policy. Should one or more of the named primary beneficiaries predecease the Life insured, payment will be made in equal shares to the surviving primary beneficiaries unless otherwise indicated.

Last Name	First Name	Initial	Relationship	Percentage <small>(total must equal 100%)</small>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Contingent Beneficiary Designation - If there are no surviving beneficiaries at the time of my death, I declare that the following contingent beneficiary(ies) will receive the proceeds. If there are no surviving Contingent Beneficiary(ies) at the time of my death, the proceeds shall be paid to my estate. Proceeds will be paid in equal shares to the surviving Contingent Beneficiary(ies), unless otherwise indicated below.

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

 Employee/Retiree Signature

 Date (dd/mm/yyyy)

Appointment of Trustee (if the beneficiary is a minor)

Life Insurance benefits cannot be paid directly to a minor. A trustee would have to be appointed to receive these benefits and this could delay payment. You should consider appointing a trustee to receive benefits for any minor.

 First and Last Name of Trustee

 Relationship

 Address of Trustee

 Phone Number

 City

 Postal Code

 Province

 Email Address of Trustee

AUTHORIZATION AND CONSENT

I understand that the personal information and personal health information provided herein as well as any other personal information and personal health information currently held or collected in the future by Manitoba Blue Cross and/or Blue Cross Life Insurance Company of Canada (collectively referred to as "Blue Cross") may be collected, used, or disclosed to administer the terms of the policy of which I am an eligible member, to develop and recommend suitable products and services to me, and to manage the company's business.

Depending on the type of coverage I carry, limited personal information or personal health information may be collected from and/or released to a third party. These include other Blue Cross organizations, licensed physicians and/or any other healthcare professionals or institutions, health and life insurers, government and regulatory authorities, and other third parties when required to administer the benefits outlined in the policy of which I am an eligible member. I understand that Blue Cross may retain service providers inside and outside of Canada to assist them in their business and further understand that my personal information may be subject to disclosure to law enforcement and other authorities, where required by law, both inside and outside of Canada, when such information is in the possession of Blue Cross or one of its authorized service providers.

I understand that I have provided my consent for Blue Cross to collect, use and disclose my personal information as outlined in the Blue Cross Privacy Code. I understand that I may revoke my consent at any time; however, if consent is withheld or revoked, the coverage may be denied or rescinded. I understand why my personal information and personal health information is needed and am aware of the risks and benefits of consenting or refusing to consent to its disclosure. For additional information regarding Blue Cross's privacy policies as to the collection, use, or disclosure of my information, I may contact Blue Cross at 204.775.0151 or 1.800.873.2583 or mb.bluecross.ca.

I authorize Blue Cross to collect, use and disclose my personal information and personal health information as described above.

